

REFUGEE HEALTH AND RESETTLEMENT SERVICES

Key Findings and Promising Practices

OCASI Webinar

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June 29, 2017



Access Alliance
Multicultural Health and Community Services

Best Practices: Collaborating to assist refugee clients with their settlement needs

Our project focused specifically on the Syrian refugee response that occurred from 2015 to 2016, but these findings and practice recommendations are applicable to resettlement broadly for all refugees.

Objectives

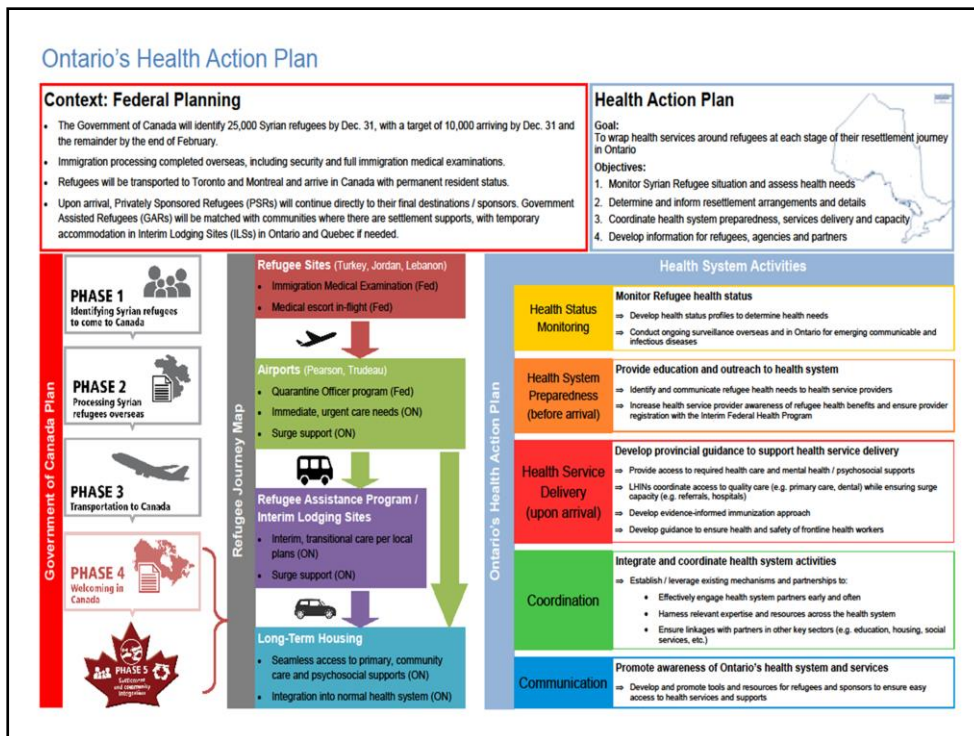
- Context of Syrian refugee response
- Overview of project
- Methods
- Key findings
- Promising practices and recommendations

Context of Syrian Refugee Response



Federal Commitment to 25,000 Syrian Refugees

- **High volume of arrivals. Target reached in 3 months**
- 25,080 – Total number of Syrian Refugees arrived to Canada between **Dec 01, 2015 - Feb 27 2016**
 - 14 383 GARs
 - 8527 PSRs
 - 2170 Blended PSRs & GARs
- Welcomed in Canada: **40,081** Syrian refugee arrivals as of Jan 29, 2017 to 350 communities



Ontario – over 16,000 refugees were resettled in this province (as of March 2016)

Province activated a “Ministry Emergency Operations Centre (MEOC)” – to share information and further collaboration across levels of government and partners.

The province also mobilized the “Ontario Health System Action Plan” for Syrian refugees. (above).

Although this is a “health system” focused plan, some other key systems important for refugee resettlement are included here, such as housing, immediate settlement needs, and transportation. Phase 4 (Welcoming in Canada) and Phase 5 (Settlement and Community Integration) were the key phases that providers and agencies were involved in during the response.

Source:

http://www.health.gov.on.ca/en/pro/programs/emb/syrianrefugees/docs/action_plan_placemat.pdf

Hansen & Huston (2016) – Health considerations in the Syrian refugee resettlement process in Canada

Environmental Scan	
Goal	<ul style="list-style-type: none"> To document how different agencies responded in planning, coordinating, and delivering services to Syrian refugees <ul style="list-style-type: none"> Inter-sectoral collaboration Systems navigation support Generate best practice recommendations
Regions of Focus	<ul style="list-style-type: none"> City of Toronto Peel Region Region of Waterloo
Sectors	<ul style="list-style-type: none"> Healthcare (Primary & Community) Settlement Government and policy Community and non-profit Faith & non-faith based agencies



Project Activities and Focus

- From Access Alliance’s coordinated efforts with agencies from different sectors, it was clear that documentation of this experience was necessary. This drive to document and recommend best practices for future responses, resulted in AA receiving funding from United Way Toronto & York Region.
- This 12-month project focuses on assessing and sharing successes, challenges, and best practices in order to inform and enhance practice and policies of service providers collaborating to serve refugees
- Through this project, we will produce a final research report (end of August 2017*)
- The regions of focus for this project included the City of Toronto, Peel region, and the Region of Waterloo. The City of Toronto and Region of Waterloo were included in our project because these are two of the 5 communities in ON that receive majority of immigrants and refugees. The region of peel was included because there was a significant secondary migrations of Syrian refugees to this region.

Project Methods

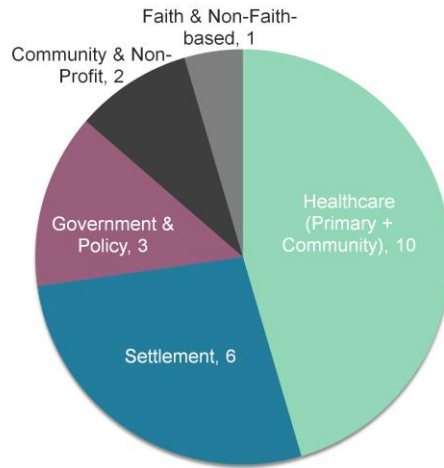
- Qualitative research
- 22 Key Informant Interviews
- Diverse project team



- Using qualitative research methods, we developed guiding questions to assess challenges, successes and generate best practices and recommendations with participants. For this project we conducted 22 key informant interviews.
- We mentored, trained and worked closely with Syrian refugee Peer Researchers throughout the phases of the research project. Peer Researchers were involved in designing the methodology, data collection, and data analysis.
- Our diverse project team was made up of Peer Researchers, Social Work and MPH students, Nurse Manager, Researchers and Student Volunteers.
- We used NVivo (qualitative research data software) and a collaborative data analysis approach to assess emerging themes from the research findings.

Snapshot of Participants

22 key informant interview participants



Of our 22 key informant interviews, 10 were from the healthcare sector, 6 were from settlement, 3 were from the government and policy sector, 2 were from the community and non-profit sector and 1 was from the faith and other non-faith based agencies.

Snapshot of Participants

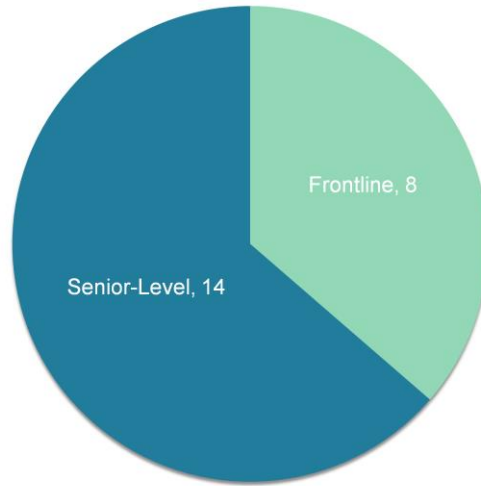
Participants by Region



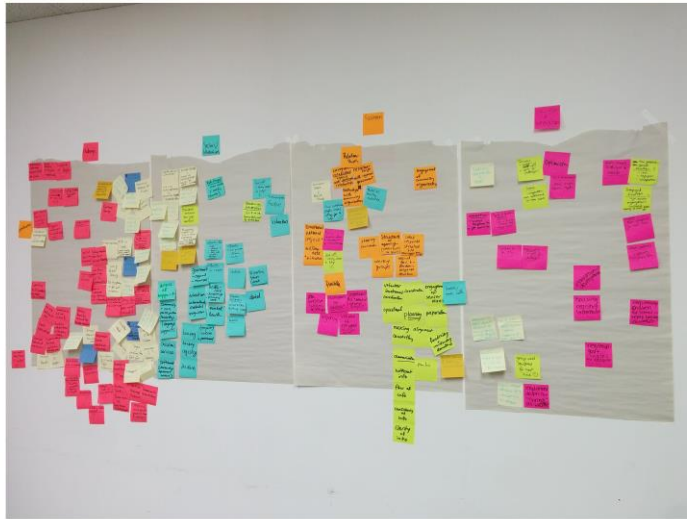
By region, we had 11 key participants from the City of Toronto, 5 from Peel region, and 5 from the Region of Waterloo.

Snapshot of Participants

Frontline vs. Senior-Level of Agency



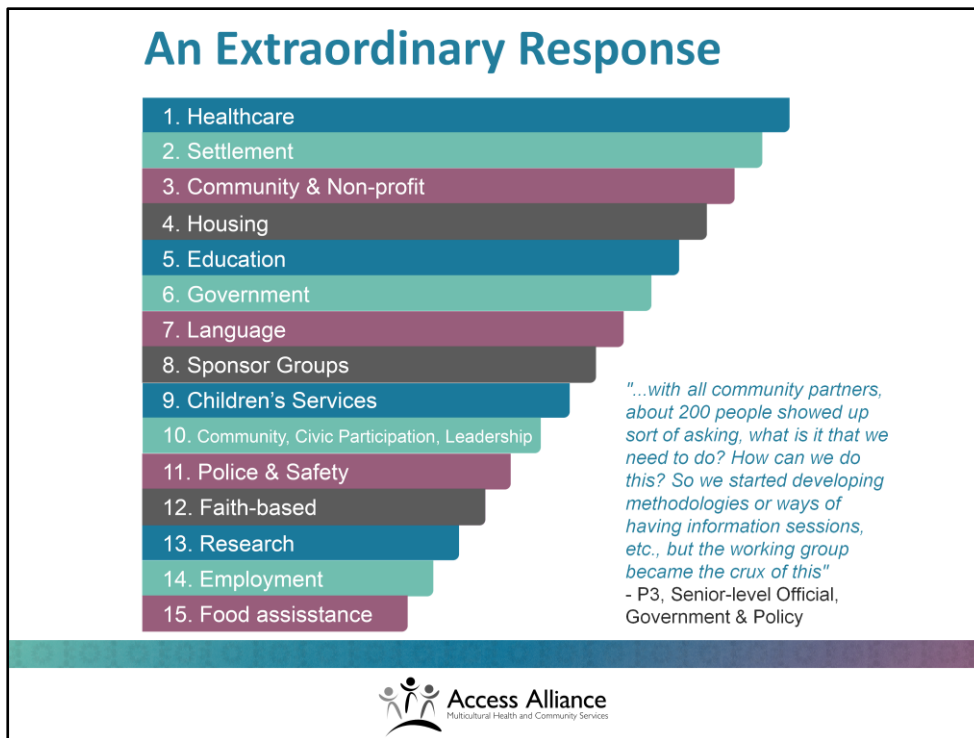
Of these participants, 14 were senior-level staff and 8 were frontline staff who provide front line care based on their field of work. Please note that some of front line staff are also senior level within their agencies but their primary role is to provide front line care.



Emerging Findings



- This picture shows some of our emerging findings from one of our Collaborative Data Analysis meetings



An extraordinary initiative was undertaken during the course of the response in 2015-2016:

- Participants across the three regions mentioned various sectors and areas of supports that agencies collaborated with, directly or indirectly.
- From these areas of support, frontline providers and senior-level leaders, as well as community members and media were all significant participants.

Collaborations mobilized during this response became effective formats of mobilizing resources and communicating information across sectors

For example, in Peel Region, a large community meeting was convened:

"...with all community partners, about 200 people showed up sort of asking, what is it that we need to do? How can we do this? So we started developing methodologies or ways of having information sessions, etc., but the working group became the crux of this" - P3, Senior Level, Government & Policy

Healthcare subcategories:

- Primary healthcare
- Mental health
- Specialists
- Public health
- Dental
- Midwifery services

Education:

- International credential recognition

Housing:

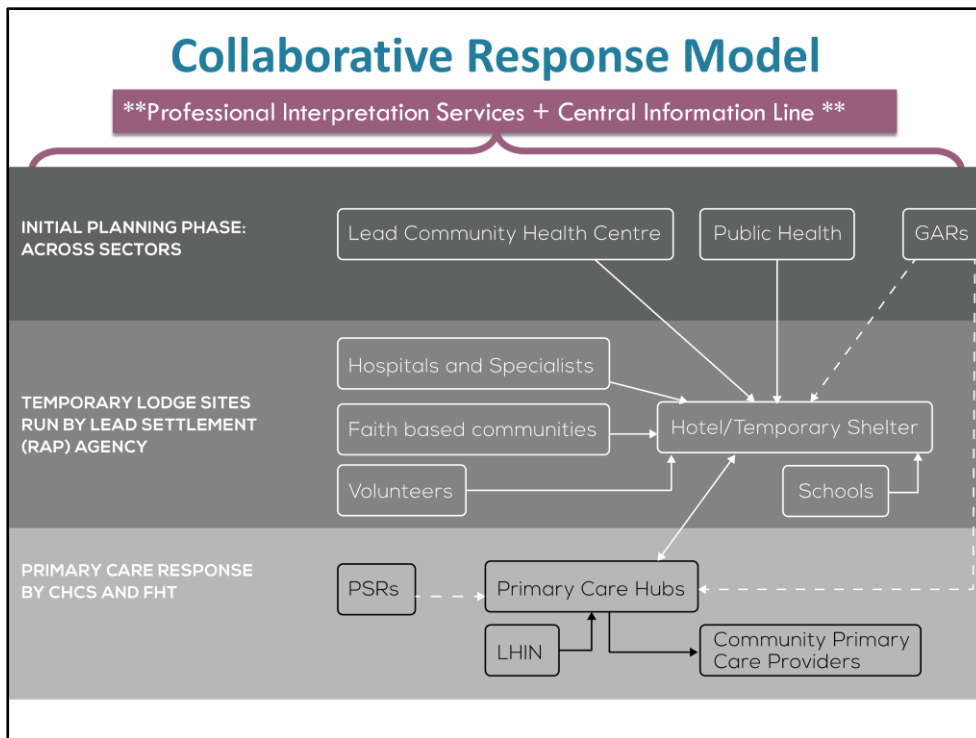
- Landlords
- Shelters
- Temporary

Government:

- Municipal
- Provincial
- Federal

Community and nonprofit organizations:

- volunteer



This collaborative model shows some of the partners involved during the response. It's clear through this model, that temporary accommodation sites (hotels primarily) became community-building hubs, with services from a variety of agencies and sectors working together in central locations to serve Syrian refugee newcomers.

Note that: Settlement agencies were leading operations from temporary accommodation sites (hotels). (Second stripe)

Innovations

- New staffing positions created and shared
- Housing registry & partnerships with landlords
- Mapping of refugee resettlement
- Community fund

"We ended up with over almost 800 thousand dollars in donations that we have been able to make available to organizations and private sponsorship groups in the community that are supporting refugees to supplement their existing programming or to be able to be delivering in another language."

– P7, Senior-level Official, Government & Policy



Many innovative partnerships, programs and interventions were mobilized to respond to the needs of the Syrian refugee families. Within agencies, new staffing positions were created and shared between agencies. For example, two positions were created for Syrian mental health works and were shared between settlement agencies. This was an effective use of resources because the agencies were uncertain about the needs of these refugees for mental health services and so the solution was to share these staff.

To assist with housing the families, in Toronto, partnerships were created with landlords who offered discounts to the families and other supports. In the Region of Waterloo, a housing registry was created by an agency where landlords and other housing partners were able to register their vacancies and this information was then shared with the agency and other privately sponsored refugees. This was a unique time when private landlords were working closely and collaboratively with settlement agencies to meet the housing needs of refugee families

The settlement sectors and school boards collaborated to map the refugee resettlement using postal codes in order to notify school boards of the location of resettlement so that schools are aware ahead of time. This helped with getting children into schools as soon as possible.

To meet the overwhelming cost of this response, a community fund was set up in the Kitchener Waterloo region where \$800 000 were collectively raised in donations. These funds were made available to agencies and private sponsorship groups and helped to supplement existing programming in order to deliver it other languages.

Many of these new developments and partnerships were mentioned as innovations that can be used moving forward to support all refugees in the resettlement process

Reasons for Success



- Goodwill

"I think, the shared vision of we want to build community. A community that cares enough, a community that responds with passion, a community that's strategic in efforts, in being welcoming and caring. So, with that I think, yeah, people were, and to be correct, the extra willing."
 – P6, Frontline Provider, Faith-based Agency

"Cuz there's little things like a mom would come and she's like – I need a hair tie for my kids, I don't know how to tie their hair. She had (number of) girls, all with long hair and she was like I need to tie their hair, and I'm like oh go to the dollar store. Because there was a dollar store close by. But she couldn't – she just she went to the dollar store she came back she's like I couldn't find anything or know how to ask. So it was it was volunteers, they're the ones who're like you know what? I'll follow up with that piece. So there's a lot of little things in the moment that start to come up, and that was all volunteers. And I think they continued to do that"

- P2, Frontline Healthcare Provider



GOODWILL

- Goodwill facilitated the response, as well as collaborations to work together – the passion and support exhibited by all involved in the response was mentioned as key to the successes and innovations developed
- Goodwill demonstrated by volunteers in particular allowed for immediate resettlement needs to be addressed right away (transportation, helping with public transit, taking care of the little things)
 - Example of volunteers taking care of the little things:
 - "Cuz there's little things like a mom would come and she's like – I need a hair tie for my kids, I don't know how to tie their hair. She had (number of) girls, all with long hair and she was like I need to tie their hair, and I'm like oh go to the dollar store. Because there was a dollar store close by. But she couldn't – she just she went to the dollar store she came back she's like I couldn't find anything or know how to ask. So it was it was volunteers, they're the ones who're like you know what? I'll follow up with that piece. So there's a lot of little things in the moment that start to come up, and that was all volunteers. And I think they continued to do that" (P2).

Reasons for Success



- “Bending Rope”: Engagement of Senior-level
 - Accessibility
 - Willingness
 - Supportive leadership in collaborative response

"Someone from the school boards were at the table. And I was describing the scenario we had at the hotels. And she came to me after the meeting said, why aren't those kids in schools? I said, I don't know. Can they be in schools? She said, absolutely. And she pulled it together within two days. And both school boards came on behalf. Again, high level people from the department of directors and made that whole thing happened in a flash. So, that's just an example of the value of those collaborative relationships."

- P22, Senior-level Official, Settlement Agency



Engagement of Senior-level

- Support from leadership of agencies and various levels of government, often at the same collaborating tables for this response, facilitated communication, immediate response delivery, resource allocation, and fast decision-making (which hasn't necessarily been seen to this extent in previous resettlement responses)
- Example in registering children living temporary accommodation sites for schools"
 - "School boards actually came at their own cost with school buses. Came, got consents from the parents. They brought Arabic speaking staff to the hotel to get particulars down. They hired school buses, they send staff to the hotels to organize kids getting on the school buses and took them to the local schools. And took them to local schools like, every day. And it came from one of the roundtables with the ministries. Someone from the school boards were at the table. And I was describing the scenario we had at the hotels. And she came to me after the meeting said, why aren't those kids in schools? I said, I don't know. Can they be in schools? She said, absolutely. And she pulled it together within two days. And both school boards came on behalf. Again, high level people from the department of directors and made that whole thing happened in a flash. So, that's just an example of the value of those collaborative relationships." (P22)

Key Challenges

- Information/Communication Gaps
 - Little knowledge about the "pattern of arrival" affected ability of service providers to ensure planning for:
 - Accommodation at hotels/temporary shelters
 - Adequate interpretation services
 - Medical needs
 - Accessibility needs
 - Lack of timely communication of necessary information
 - Lack of clarity about information regarding privately sponsored refugee arrivals



Simply put, a large volume of refugees in such a short time frame was a major challenge highlighted by many of the participants. This challenge influenced many of the other challenges that were faced by agencies and sectors involved in the Syrian refugee response. Including...

Information & Communication Gaps

- although there was regular ongoing planning that was done with Immigration, Refugee and Citizenship Canada (IRCC), actual numbers of arrivals to expect were provided just "more than a couple of days notice," resulting in one participant describing how arrivals "just hit us, you know, on December 24th in a blast" (P22).
- Lack of "timeliness of information"...regarding the arrivals and departures of the refugees and health status," (P18) on the part of IRCC also made it *difficult to collaborate*.
- little knowledge about the "pattern of arrival" affected the ability of service providers to ensure *planning* for space of accommodation in temporary accommodation sites, that there would be adequate interpretation/translation services provided, and to meet medical and accessibility needs (P12, P21, P22).

Key Challenges

Funding & Resources

- Additional funding allocated to larger agencies
- Limited funding for interpretation

"Interpretation is not something that's cover under OHIP and largely not something covered under IFH, either. There are exceptions under IFH. But typically for typical primary care or specialist care appointment, interpretation is not covered. A lot of agencies have a policy of, you know, if you want an interpreter, you bring it yourself, you bring them yourself. Which is problematic for refugees. They may not have the ability to find an interpreter, or partial interpreter, or interpreter, at all, to help out with as assessment. So, yeah, I mean, I think, it's a function of the larger health system, as well as, individual policies by healthcare agencies"

- P15, Frontline Healthcare Provider



Resources

- Additional funding that was allocated to agencies by federal and provincial governments was provided to larger agencies, while smaller agencies were not prioritized for that additional funding – this in turn affected collaboration and delivery of services

- Health providers mentioned the lack of funding available for interpretation:

"Interpretation is not something that's cover under OHIP and largely not something covered under IFH, either. There are exceptions under IFH. But typically for typical primary care or specialist care appointment, interpretation is not covered. A lot of agencies have a policy of, you know, if you want an interpreter, you bring it yourself, you bring them yourself. Which is problematic for refugees. They may not have the ability to find an interpreter, or partial interpreter, or interpreter, at all, to help out with as assessment. So, yeah, I mean, I think, it's a function of the larger health system, as well as, individual policies by healthcare agencies" (P15).

Key Challenges

- Fairness & Equity

- Differential treatment and distribution of resources

"...two different classes of refugees were created. Some refugees who arrived in Canada with loan and some refugees who arrived [to] Canada without. Not only that, other refugees arrive[d] in Canada and received all these outfits. And others arrived and got nothing. That were received by the Prime Minister and some didn't even have a real people to pick them up."

- P6, Frontline Provider, Faith-based Agency

"Now, try to explain to two refugees from the same war and program why X is getting a bus ticket and the other doesn't" -

P4, Senior-level Official, Settlement Agency



- One of the unique challenges in relation to resettlement emerging in our findings related to this response is ***fairness and equity***
 - When it came to privately sponsored refugees compared to government assisted refugees (among Syrian refugees newcomers)
 - There was differential treatment among this cohort of refugees
 - *"...two different classes of refugees were created. Some refugees who arrived in Canada with loan and some refugees who arrived [to] Canada without. Not only that, other refugees arrive[d] in Canada and received all these outfits. And others arrived and got nothing. That were received by the Prime Minister and some didn't even have a real people to pick them up."*
 - P6, Frontline Provider, Faith-based Agency
 - There was also differential distribution of resources to same group of Syrian refugees but different arrival pathways
 - Ex. GARS getting bus tickets, PSRs not eligible – *"Now, try to explain to two refugees from the same war and program why X is getting a bus ticket and the other doesn't"* - P4
 - When comparing provision of support to Syrian compared to other, non-Syrian refugees:
 - **Ethics of donation usage** – donations being provided with intention of being distributed to Syrian refugees – some faith-based agencies not being able to use those resources for other refugees

Key Challenges

- Coordination
 - Lack of a central coordinating group
 - Lack of clarity about scope of agency roles
 - Volunteers

*"A lot of companies, a lot of well-wishing people wanted to be involved and started being, started reaching out to us. Now it's great. However at the initial stage it was a little **overwhelming**, the amount of support. Not the amount of support but the amount of interest and trying to manage this while there is arrival coming."*

– P8, Senior-level Official, Settlement Agency



Coordination was described as a major hurdle by many of our participants.

-The lack of a central coordinating group made it difficult to put all the different pieces of the response together especially when determining the roles and responsibilities of each agency. Participants described how many agencies were planning independently and that within agencies there was also a lack of clarity around the scope of individual roles. This lack of clarity made some staff hesitant of taking on certain activities out of fear of losing their jobs.

This made it especially challenging when connecting refugees with services they needed such as primary care. So for example, when arranging medical appointments along with other supports such as childcare, transportation and interpretation there was lack of clarity about which agency was responsible for arranging each piece.

Participants also described that there was an overwhelming response from volunteer groups but because there was a lack of designated staffing to coordinate volunteers, many were not well received. Furthermore, despite a large number of volunteers showing interest, coordination of these groups was challenging because not all were available when needed due to their own responsibilities for their jobs, and families.

Key Challenges

- Meeting Community-Specific Needs
 - Location of Resettlement
 - Family Size
 - Navigating the Health System while Meeting Complex Needs
 - Interpretation: A structural barrier to healthcare for Syrian newcomers
 - Lack of recognition of the importance of pregnancy and reproductive health

A participant described how another *“...practitioner said, ‘well how many pregnant women do you think there will be?’”* highlighting the *“lack of understanding of both how many pregnant people [there] might be, the urgency of that care, what that means to settlement, and also that people are sexually active.”*

- P13, Frontline Healthcare Provider



Another key challenge was meeting community-specific needs

So when determining the location of resettlement, participants described how families became connected and developed friendships in the hotel and so they preferred to move to apartments and homes nearby each other.

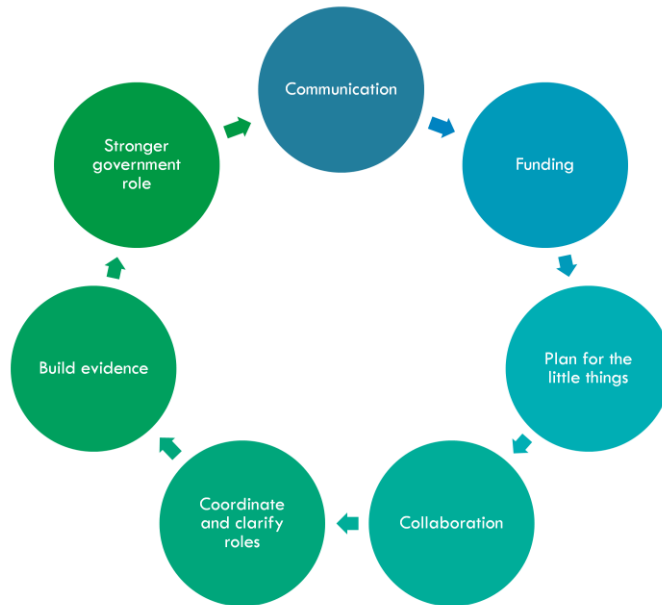
However it was difficult arranging affordable housing for such large families nearby each other.

Also many preferred to move to Mississauga where there is an existing Syrian and Arab population and there are culturally specific resources available such as Arab grocery stores. However balancing this need with the high cost of living in Mississauga and the poor public transportation system was difficult.

There was also a challenge in navigating the healthcare system for this group due to limited interpretation services and having to take other factors into account such as transportation, childcare, car seats especially due to large family size with some families having up to 11 or 12 people.

In regards to health services, specifically there was a lack of recognition that there would be pregnant women in this group and that pregnancy care and birth control is an urgent need for this population.

Promising Practices + Recommendations



Promising Practices + Recommendations

- Communication

"If you can get it timely around when they are coming, how many and what's their health status. So we can respond quicker. There's actually an opportunity for planning. [...] if we can have the ongoing information, we can effect, like, wait a second, sounds like there's more coming. We need to pull in our planning team earlier, right. And I think, if we have that broader discussion around what the model would look like, or, here's some key principles for that model – then we can implement it quickly, right"

– P18, Senior-level Official, Healthcare Agency



Communication

- Speed (timeliness) of facilitating communication is important – particularly data on arrivals of refugees
 - "I think the only thing, again the communication. If you can get it timely around when they are coming, how many and what's their health status. So we can respond quicker. There's actually an opportunity for planning. [...] if we can have the ongoing information, we can effect, like, wait a second, sounds like there's more coming. We need to pull in our planning team earlier, right. And I think, if we have that broader discussion around what the model would look like, or, here's some key principles for that model – then we can implement it quickly, right" (P18)
- Recognizing who is involved in facilitating this communication
- Ongoing communication is needed

Promising Practices + Recommendations

- Funding
 - Shift from distributing project-based funds, to long-term funding, and communicate allocation of funds
 - Need to have knowledge of funded structures
 - Take trends into account with different refugee groups (ex. family size)
 - Need for funded, professional, medically trained interpretation services for healthcare system



Frontline service providers in particular can focus on building awareness around currently funded structures/agencies in the community that can lead or coordinate responses. For example, local immigration partnerships are federally funded structures that already work to bring sectors and agencies together at tables. Ensuring effective engagement at these tables is key to collaborating and having knowledge about available resources to support refugee resettlement.

Promising Practices + Recommendations

- Planning for the little things
 - It's the little things... in order to provide "health with dignity"
"I did not like seeing people carrying their life's belongings in a black garbage bag. That was really hard for me to see. That's not health with dignity to me. You know? Let's think if we have that time to plan ahead, can some company donate suitcases?"
– P2, Frontline Healthcare Provider



In order to provide health with dignity, it is important to plan not only for the big things but also for the little things.

So for example, one of our participants described how they saw families carrying their life's belongings in a black garbage bag and that during the planning process, time should have been taken aside to arrange for suitcases to be donated.

Another participant described that there was exhaustion and loneliness working in the hotels and that it would have made a big difference to have short debrief meetings to help the staff unload. They also described how one NGO provided a basket of granola bars and boxes of bottled water which was a simple gesture but really boosted the morale of staff.

Yesterday we were encouraged by the response to this in particular – so voicing that debrief sessions and self-care during high-stress responses can really make a difference in the care provided to newcomers by frontline staff.

Promising Practices + Recommendations

- Collaboration
 - Engaging local community, including previous newcomers, in systematic processes throughout the response, including planning
 - Leveraging connections through collaborations with media

"I think, the collaboration with the mainstream media is really important. We did a lot of work here with our local TV providers, our newspapers. There was regular coverage of things that were going on. Good profiles of you know, of the progress of some of the families that we were able to leverage. Because of our structure and the involvement of the groups, you know, their connections that they had to all of the media, you know. Kind of every time we thought oh it's important to be messaging out something right now about this."

- P7, Senior-level Official, Government & Policy



It is important also to engage the local community especially previous newcomers in systematic processes throughout the planning and response. There was a lack of planning with the local communities in the beginning. However having these groups involved helps to provide an understanding of what the needs are of the group and allows for culturally specific planning to be done. One participant described the frustration that families in the hotels felt having to eat the same North American food daily, salad and chicken, and that they missed having food that they were used to. Connecting with local Arab restaurants could have helped to overcome this. Also many previous newcomers were eager to help and could provide support through their own experiences of settling in Ontario.

We should also collaborate with the media for coverage in order to provide accurate information about the refugees and the response and this in turn impacts the way in which the community perceives this group. Partnering with the media also helps in leveraging support for donations and involvement of other groups to help in the process.

Build on the momentum of this response that was facilitated by goodwill, to continue these collaborating tables

Promising Practices + Recommendations

- Coordinate and Clarify Roles
 - Coordinating body that provides direction to agencies and assigns roles is needed
 - Roles should be distributed between agencies and not placed fully on the plate of one agency
 - Staff working within agencies should have a concrete understanding of the scope of their roles
 - When assigning roles, staff should have the option to self-select their participation level and their tasks

"They're people who truly want to be there. They don't mind that sometimes you stay a little bit after 5. And there are people who say no this is a job, and I'm getting out on time. And I'm not judging, there's two attitudes of approaching work. But in that particular place where we're understaffed, get people who are all on board and like-minded because that to me was the biggest reason that I loved the work"

- P2, Frontline Healthcare Provider



In terms of coordination, many participants described the need for a coordinating body which creates a standard model of care and provides direction to agencies, assigning them roles and responsibilities. This helps in putting all the pieces of the response together and outlines which sector, which agency is responsible for each piece. Within agencies, there also needs to be a concrete understanding of staff roles and the scope of each role and having managers who clarify this within each agency can make a huge difference.

Roles should also be distributed between agencies rather than being fully placed on one agency's plate – because the reality is that one agency cannot do it all.

Additionally, staff working within agencies should be allowed to self-select their participation and tasks because as one participant described, there are different attitudes to this type of work, some people may want to leave sharp at 5, while others are willing to stay late, and in this particular time where agencies are understaffed, one of the biggest motivators is having individuals who are like minded, motivated and are on board.

Promising Practices + Recommendations

- Build Evidence
 - Build evidence to better understand community and refugees ahead of time

"Literacy levels, number of children, exposure to the outside world. We have seen clients who have never seen the capital of their country. But the expectations were based on the previous waves of newcomers of Syria who were skilled workers, who are more savvy, so everything has been set up with that mindset. But because a lot of the organizations, this is not their core demographic, they weren't able to adjust in time. So that's why."

- P8, Senior-level Official, Settlement Agency



- expectations about newcomers according to one participant were based on previous immigration arrivals of Syrian-Canadians, and hindered effectiveness of this particular response
- Through reflection, it is important that we build evidence (to further understand communities and recognize information about refugees arriving ahead of time, so that we can support them effectively once they arrive.

Promising Practices + Recommendations

- Stronger Government Role
 - Government bodies (federal, provincial, municipal) need to take a more proactive role in facilitating collaboration



- we've heard examples of municipal regions in supporting planning in the 3 regions we've focused on, but participants emphasized that federal and provincial government bodies need to be more involved in the planning and coordination with frontline services and agencies supporting refugee resettlement

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Detailed report to be released later in August 2017.

Thank you!

Questions?